Rural District of Droxford

ANNUAL REPORT

of the

MEDICAL OFFICER of HEALTH

and

PUBLIC HEALTH INSPECTOR

for the year

1960

CONTENTS

DROXFORD RURAL DISTRICT COUNCIL

NORTHBROOK HOUSE,
BISHOP'S WALTHAM,
SOUTHAMPTON.

Tel. Bishop's Waltham 242.

To the Chairman and Members
of the Droxford Rural District Council

I have the honour to present the Annual Report for the year 1960 on the health and sanitary circumstances of the Rural District of Droxford. It is drafted in accordance with the requirements of the Ministry of Health.

The estimated population showed an increase of 330.

There was a slight decrease in both the birth rate and the death rate as compared with 1959.

Very little infectious disease occurred during the year under review.

The age group for vaccination against poliomyelitis was extended to include persons up to the age of 40 and expectant mothers were included in a specially selected group.

The response to poliomyelitis vaccination continued to be very satisfactory, thanks to the wisdom of the parents and the excellent co-operation of the general practitioners.

The percentage of children under the age of one year, who were vaccinated against smallpox, was 51.5%.

There has been no case of diphtheria in the district during the past eight years.

Parents are again reminded that children should be immunised before their first birthday.

The Southampton Mobile Mass X-ray Unit visited six villages during April and the attendance was very good.

I should like to thank you all for your help and encouragement and I am grateful to the Officers of other Departments for their willing help and assistance at all times.

I also wish to record my grateful thanks to Mr. Lindley, the Chief Public Health Inspector, and to Mr. Wenden and Mr. Knowlton, for their valuable co-operation and assistance in compiling this report.

S. Chalmers Parry.

Medical Officer of Health
Droxford Rural District Council

LEGISLATION
OF PUBLIC HEALTH SIGNIFICANCE

Noise Abatement Act, 1960

The purpose of this Act is to make noise which is causing a nuisance a statutory nuisance under the Public Health Act, 1936. In addition various restrictions are placed on the operation of loud-speakers on highways.

Caravan Sites and Control of Development Act, 1960

This Act introduces a new licensing system for caravans and correlates it with planning procedure. A Site Licence is now required, subject to certain exemptions, if a caravan is stationed for more than two nights.

Milk (Special Designations) Regulations, 1960

These amend and replace earlier regulations.

The changes include:-

Dealers' Licences to be issued for five years instead of one as hitherto.

A pre-packed milk licence is introduced.

Meat (Staining and Sterilization) Regulations, 1960

These require meat which is unfit for human consumption to be sterilized and knacker meat to be stained or sterilized before distribution.

Food Hygiene (General) Regulations, 1960

These regulations consolidate and amend the Food Hygiene Regulations, 1955-1957, which have been revoked. The changes are relatively minor ones, that help to make clear several difficult interpretations, (e.g. the sale of open food for immediate consumption, from stalls; this is now clearly indicated to mean a catering business).

STATISTICS OF THE AREA

Area	62,848 acres
"Home" Population (mid-1960).....	22,120
Number of Hereditaments (31/3/61).....	7,109
Rateable Value (31/12/60).....	£237,995
Sum represented by a penny rate (31/3/60)...	£930. 6s. 3d.

NATURAL AND SOCIAL CONDITIONS OF THE AREA

The Rural District is situated in the south-east corner of Hampshire. The northern half lies on the chalk uplands and the remainder on the sands and clays of the Hampshire Basin. The principal watercourse is the Meon, a chalk stream and the only other rivers are the headwaters of two tertiary streams, the Hamble in the south-west and the Wallington in the south-east.

The differentiation in soils is reflected in land use; on the chalk there is arable farming with units of comparatively large acreage, on the tertiary formation there are small dairy farms on the clay and extensive smallholdings, with strawberry growing a speciality of the district, on the loams and sands.

The ancient Forest of Bere is being re-afforested by the Forestry Commission. The rural industries and related activities employ much of the population, though considerable numbers find employment in towns outside of the district.

VITAL STATISTICS

Births

	1959			1960		
	M.	F.	Total	M.	F.	Total
Live Births (Legitimate)	177	161	338	172	163	335
(Illegitimate)	8	5	13	4	6	10
Total Live Births	...	...	351	...	...	345

Live Birth Rate per 1,000 of the estimated population (mid-1960) was 15.6 compared with 17.1 for the whole of England and Wales.
Illegitimate live births per cent of total live births was 2.9%.

	1959			1960		
	M.	F.	Total	M.	F.	Total
Still Births (Legitimate)	2	2	4	1	-	1
(Illegitimate)	-	-	-	-	-	-
Total Still Births	...	...	4	...	...	1

Still Birth Rate per 1,000 total (live and still) births was 2.9 compared with 19.7 for the whole of England and Wales.

Deaths

	1959			1960		
	M.	F.	Total	M.	F.	Total
From all causes	146	166	312	135	163	298

Death Rate per 1,000 estimated population was 13.5 compared with 11.5 for the whole of England and Wales.

Maternal Mortality

	1959	1960
Pregnancy, Childbirth, Abortion	Nil	1

Maternal Mortality Rate per 1,000 total (live and still) births, 2.9

Infant Mortality (deaths under one year)

	1959			1960		
	M.	F.	Total	M.	F.	Total
Legitimate	2	1	3	6	3	9
Illegitimate	-	-	-	1	-	1
Total Infant Deaths	...	...	3	...	...	10

Infant Mortality Rate per 1,000 live births was 29 compared with 21.7 for the whole of England and Wales.

The rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it may then be considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been consistently lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period.

INFANT MORTALITY RATE (per 1,000 live births)

Year	Droxford Rural District	England and Wales
1944	33.2	46.6
1945	28.3	45.0
1946	28.5	42.0
1947	28.5	39.2
1948	26.3	35.9
1949	25.5	33.3
1950	23.7	30.6
1951	19.4	29.2
1952	15.0	27.8
1953	12.9	26.8
1954	12.1	25.76
1955	10.6	24.9
1956	12.28	23.9
1957	11.15	23.3
1958	15.2	22.6

Causes of Death

		Male	Female	Total
1.	Tuberculosis of Respiratory System ...	1	1	2
2.	Other forms of Tuberculosis	-	-	-
3.	Syphilis	-	-	-
4.	Diphtheria	-	-	-
5.	Whooping Cough	-	-	-
6.	Meningococcal Infections	-	-	-
7.	Acute Poliomyelitis	-	-	-
8.	Measles	-	-	-
9.	Other Infective and Parasitic Diseases	1	-	1
10.	Malignant Neoplasm, Stomach	1	2	3
11.	" " Lung, Bronchus ...	9	1	10
12.	" " Breast	-	1	1
13.	" " Uterus	-	2	2
14.	Other Malignant and Lymphatic Neoplasms	11	12	23
15.	Leukaemia, Aleukaemia	-	-	-
16.	Diabetes	1	1	2
17.	Vascular Lesions of Nervous System ...	21	30	51
18.	Coronary Disease, Angina	28	21	49
19.	Hypertension with Heart Disease ...	4	5	9
20.	Other Heart Disease	18	48	66
21.	Other Circulatory Disease	2	3	5
22.	Influenza	-	-	-
23.	Pneumonia	4	5	9
24.	Bronchitis...	4	3	7
25.	Other Diseases of Respiratory System	4	1	5
26.	Ulcer of Stomach and Duodenum	1	1	2
27.	Gastritis, Enteritis and Diarrhoea ...	-	1	1
28.	Nephritis and Nephrosis	3	2	5
29.	Hyperplasia of Prostate	-	-	-
30.	Pregnancy, Childbirth, Abortion ...	-	1	1
31.	Congenital Malformations	2	3	5
32.	Other Defined and Ill-defined Diseases	12	8	20
33.	Motor Vehicle Accidents	3	1	4
34.	All other Accidents	2	10	12
35.	Suicide	3	-	3
36.	Homicide and Operations of War	-	-	-
		135	163	298

GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA

Public Health Officers of the Authority

Medical Officer of Health:

S. CHALMERS PARRY, M.A., CANTAB., M.R.C.S., L.R.C.P., D.P.H.

Engineer, Surveyor and Chief Public Health Inspector:

F. LINDLEY, M.R.P.H.I., A.M.I.S.E., M.P.H.I.A.,

Additional Public Health Inspectors:

H.L. WENDEN, CERT. S.I.B.
H.P. BIRD, CERT. S.I.B.

Administrative Assistant:

D. KNOWLTON, A.C.C.S.

Laboratory Facilities

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to the Director, Dr. M.H. Hughes.

Specimens may be deposited in the sample box placed outside the Laboratory, or they may be left at the Main Hall of the Hospital at any time when the Laboratory is closed. At weekends, and on public holidays, arrangements are made for dealing with specimens during the morning and evening. Urgent specimens can be dealt with at any time and Dr. M.H. Hughes is available at Twyford 3349 for telephone consultations when he is not in the Laboratory.

Some specimens in connection with cases of infectious diseases, which have been admitted to Priorsdean Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth, (Telephone, Portsmouth 22331).

At Portsmouth, specimens may be left at the Porter's Lodge of the Infectious Diseases Hospital, at any time. Urgent specimens can be dealt with, when the Laboratory is closed, by telephoning the technician on call at St. Mary's Hospital (Portsmouth 22331).

Samples for chemical analysis are sent to the Public Analyst at "Spetchley", Cobden Avenue, Bitterne Park, (Telephone, Southampton 55826).

Ambulance Facilities

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Hospital Car Service

The use of this service may be obtained through the Ambulance Officer (Telephone, Fareham 3626).

Smallpox cases (suspected or confirmed) requiring transport to hospital will be conveyed by the County Ambulance Service to Weyhill Hospital, Andover, Requests for admission should be made to the Winchester Group Hospital Management Committee (Telephone, Winchester 5151).

Nursing and Health Visiting in the Homes and Clinics

The names and addresses of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table:-

Names and addresses of Nurses	District Served	Names of Health Visitors
MISS A.L. BROWN, S.C.M. S.E.N. 18 Penfords Paddock, Bishop's Waltham. (Tel. Bishop's Waltham 199)	Waltham Chase Part of Bishop's Waltham	MISS B.M. WATSON S.R.N. S.C.M. R.S.H. Cert. * Tel. Bishop's Waltham 107
MISS V.J. BENSON, S.R.N. S.C.M. 14 Folly Field, Q.N. Bishop's Waltham. (Tel. Bishop's Waltham 330)	Upham Part of Bishop's Waltham	
MRS. M.S. WILLS, S.R.N. S.C.M. Hillboro, Hoads Hill, Wickham. (Tel. Wickham 2277)	Shedfield (except Waltham Chase)	
	Wickham (other than Curbridge) Boarhunt Southwick	MISS B.G.M. OSBORN S.R.N. S.C.M. R.S.H. Cert. Orthopaedic Nursing Cert. * Tel. Portsmouth 31155
MISS A.L. BROWN, S.C.M. S.E.N. 18 Penfords Paddock, Bishop's Waltham. (Tel. Bishop's Waltham 199)	Swanmore	
MRS. E.R. PORTER, S.R.N. S.C.M. 2 Bere Road, Denmead. (Tel. Hambledon 649)	Denmead Hambledon	
MISS V.G. CHADWELL, S.R.N. S.C.M. Q.N. R.S.H. Cert. U.S.A. Mid. 20 The Park, Cert. Droxford, (Tel. Droxford 210)	Soberton Droxford Corhampton Meonstoke Exton	MISS V.G. CHADWELL S.R.N. S.C.M. Q.N. R.S.H. Cert. U.S.A. Mid. Cert. * Tel. Droxford 210
MISS F.R. MOORE, S.C.M. S.E.N. 16 Glenthorne Meadow, East Meon. (Tel. East Meon 263)	Warnford West Meon	MISS E.J. READ S.R.N. S.C.M. R.S.H. Cert. A.R.P.H.I. * Tel. West Meon 315
MISS A.L. JOHNSON, S.R.N. S.C.M. 22 Elizabeth Road, Waterlooville. (Tel. Waterlooville 3607)	Widley	Enquiries to Medical Officer of Health, Town Hall, Havant. Tel. Havant 456.
MISS V.J. BENSON, S.R.N. S.C.M. 14 Folly Field, Q.N. Bishop's Waltham. (Tel. Bishop's Waltham 330)	Durley	MISS P. JENKINS S.R.N. S.C.M. R.S.H. Cert.
MISS J. BYATT, S.R.N. S.C.M. Leehurst, Q.N. Botley. (Tel. Botley 2015)	Curdridge Curbridge area of Wickham	* Tel. Twyford 2021

* If the services of a Health Visitor are required, please telephone before 9a.m. or after 5p.m.

Child Welfare Centres

The following Child Welfare Centres in the Rural District are open for children under five years of age.

Centre	Hall	Afternoons
Bishop's Waltham	The Institute	1st and 3rd Fridays
Denmead	Memorial Hall, Main St.	4th Mondays
Droxford	Village Hall	1st Mondays
Durley	Memorial Hall	2nd Fridays
Hambledon	Women's Institute	2nd Mondays
Meonstoke	The Meon Hut	1st Tuesdays
Southwick	Manor Hall	4th Fridays
Swanmore	Parish Room	3rd Thursdays
Upham	Village Hall	3rd Tuesdays
Waltham Chase	Chase Hut	2nd and 4th Wednesdays
Wickham	Victory Hall	1st and 3rd Wednesdays

The following five centres, situate in adjoining districts, are available for children living near the boundaries of the district:-

Centre	Hall	Afternoons
East Meon	Institute Hut	1st and 3rd Thursdays
Fair Oak	Women's Hall	2nd and 4th Thursdays
Purbrook	Deverell Hall	2nd and 4th Wednesdays
Park Gate	British Legion Hall	2nd and 4th Thursdays
Titchfield	Parish Hall	1st and 3rd Mondays

The work of the voluntary helpers, who assist the medical and nursing staff at the welfare centres, is greatly appreciated.

FAMILY PLANNING ASSOCIATION CLINICS

Advice on family planning is given at the following clinics, which are run on a voluntary basis, as the Service is not available under the National Health Service.

A lady doctor and sister are in attendance.

AREA	ADDRESS OF CLINIC	DAY	TIME
Cosham	Child Welfare Clinic, Northern Road	Wednesdays	1.30-3.30 p.m.
Eastleigh	The Red House, 6 Romsey Road	Fridays	2.0 - 4.0 p.m.
Fareham	County Council Health Clinic, Assembly Hall, West Street	Mondays	5.0 - 7.0 p.m.
Gosport	War Memorial Hospital, Casualty Dept., Bury Road	Thursdays	6.0 -7.30 p.m.
Portsmouth	Trafalgar Place, Clive Road, Fratton	Tuesdays Fridays	1.30-3.30 p.m. 6.0 - 8.0 p.m.
Winchester	The Hut (adjoining Trafalgar House), Trafalgar Street	Tuesdays	2.0 - 4.0 p.m.
Havant	County Council Health Clinic, Parkway	Thursdays	6.0 - 8.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that a woman should, at her first attendance, take to the Clinic a letter from her own doctor.

* Tuberculosis

The following Chest Clinics are available to patients suffering from Tuberculosis:

FAREHAM - The Chest Clinic, St. Christopher's Hospital, Wickham Road.

Telephone: Fareham 2263.

Wednesday	9.45a.m.	Previous Patients by appointment
	1.45p.m.	New Patients
		Evening Clinic (2nd in odd month only) by appointment
Thursday	9.45a.m.	Previous Patients by appointment
	2.00p.m.	A.P. Refills (weekly)

Chest Physician - Dr. Joan Butterworth

HAVANT - The Chest Clinic, Queen Alexandra Hospital, Portsmouth.

Telephone: Cosham 79451 Extension 114.

Monday	10.00a.m.	Previous Patients
	2.00p.m.	Previous Patients
Thursday	2.00p.m.	New Patients
	5.00p.m.	By appointment (2nd in month only)

Chest Physician - Dr. J.P. Sharp

WINCHESTER - The Chest Clinic, Royal Hampshire County Hospital.

Telephone: Winchester 5151 Extension 347.

Wednesday	10.00a.m.	Previous Patients
	2.30p.m.	New Patients
Thursday	9.30a.m.	By appointment
	1.30p.m.	A.P. Refills

Chest Physician - Dr. A. Capes

EASTLEIGH - The Mount Sanatorium, Bishopstoke.

Telephone: Eastleigh 2335.

Monday	9.00a.m.	Special Cases by Dr. Capes
		Evening Clinic (every 1st Monday only) by appointment - Dr. Lillie
Tuesday	1.30p.m.	All Patients - by appointment - Dr. Lillie
Wednesday	9.00a.m.	(New and Old Patients by appointment -
	1.45p.m.	(Dr. Lillie
Friday	2.00p.m.	1st only - BCG for children

Chest Physicians - Dr. A. Capes
Dr. D.C. Lillie

*Venereal Diseases

Treatment is available at the following Clinics:-

PORTSMOUTH - St. Mary's Hospital

Males: 10a.m. to 12 Noon and 5p.m. to 7p.m.
Tuesdays and Thursdays

Females: 5p.m. to 7p.m. Mondays
2p.m. to 4p.m. Wednesdays
10a.m. to 12 Noon, Fridays

SOUTHAMPTON - 44 Bullar Street

Males: 9a.m. to 12 Noon and 5p.m. to 7p.m.
Mondays, Tuesdays, Wednesdays, Thursdays and Fridays
9a.m. to 12 Noon, Saturdays

SOUTHAMPTON - Health Centre, King's Park Road

Females: 11a.m. to 12 Noon, Mondays
2p.m. to 4p.m. Tuesdays
3p.m. to 5p.m. Thursdays
2p.m. to 4p.m. Fridays

WINCHESTER - The Royal Hampshire County Hospital

Males: 10.30a.m. to 12 Noon, Saturdays
Females: 2.15p.m. to 4p.m. Tuesdays

SCHOOL HEALTH SERVICES

*Orthopaedic Clinics

Orthopaedic cases, requiring treatment, are seen by appointment from the Appointments Officer at each Hospital, at the following Clinics:-

Alton	Surgeon's Clinic, held at Lord Mayor Treloar Hospital on Fridays Remedial Clinic, held at Lord Mayor Treloar Hospital daily
Winchester	Surgeon's Clinic, held at the Royal Hampshire County Hospital, 1st Friday each month p.m. Remedial Clinic, held at the Royal Hampshire County Hospital, daily
Fareham	Minor Clinic, held at the County Health Clinic, West Street, as required, by appointment with the County Medical Officer. Remedial Clinic, held at St. Christopher's Hospital, on Mondays and Thursdays all day
Gosport	Surgeon's Clinic, held at Gosport War Memorial Hospital, Bury Road, Gosport, on Tuesdays p.m. Remedial Clinic, held at The Gobles Health Clinic, Spring Garden Lane, Gosport, on Fridays
Havant	Surgeon's Clinic, held at Havant War Memorial Hospital on 4th Tuesday, p.m. Remedial Clinic, held at Health Clinic, 4 Park Way, on Tuesdays, all day (except 4th Tuesday p.m.) and Wednesdays all day
Petersfield	Remedial Clinic, held at Petersfield General Hospital as required

*Ear, Nose and Throat Clinics

Cases, referred for specialist advice, are examined at Portsmouth Eye and Ear Hospital, or The Royal Hampshire County Hospital, Winchester, and treatment is carried out there or at Petersfield.

*Ophthalmic Clinics

These are available, by appointment, through the County Medical Officer, at the following places:-

Winchester	Held at Trafalgar House - 1st and 4th Mondays, all day, 2nd and 3rd Mondays p.m.
Havant	Held at County Council Clinic, Park Way - every Monday a.m. only
Fareham	Held at St. Christopher's Hospital - 1st and 3rd Tuesdays, a.m. only
Petersfield	Held at County Council Health Clinic, Love Lane - 2nd Tuesday, p.m. only

*Orthoptic Clinics

Cases, selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth, or from the Winchester Ophthalmic Clinic to the Royal Hampshire County Hospital, Winchester.

Speech Therapy Clinics

Cases attend, by appointment, at the following centres:-

Winchester	Health Clinic, Trafalgar House, every Monday p.m. and Wednesday and Friday all day
Fareham	Health Clinic, The Assembly Hall, every Monday and Tuesday at 9.30a.m. and Thursday at 9.30a.m. and 1.30p.m.
Havant	County Council Health Clinic, on Wednesdays and Thursdays at 9.30a.m. and 1.30p.m.

Child Guidance Clinic

Cases are seen, by appointment, at Trafalgar House, Winchester.

Dental Clinics

These are held, when required, for school children, pre-school children and expectant and nursing mothers, by appointment at:-

County Council Health Clinic, Love Lane, Petersfield
(Telephone, Petersfield 954, between 9a.m. and 9.15a.m. for appointments)

County Council Health Clinic, Park Way, Havant
(Telephone, Havant 716)

County Council Health Clinic, The Assembly Hall, off West Street, Fareham.
(Telephone, Fareham 2937)

4 The Square, Winchester
(Telephone, Winchester 3347)

Dental Clinic, Chamberlayne Road, Eastleigh
(Telephone, Eastleigh 2498)

(Continued)

Dental Clinics (Continued)

The Manor School, Portchester
(Telephone, Winchester 4411, Extension 47)

Also at other premises and schools as and when required.

* These services are the responsibility of the Regional Hospital Board.

List of Clinics most accessible to each Parish

PARISHES	Child Welfare	Chest	Orthopaedic	Ear, Nose and Throat	Eye	Speech	Dental
Bishop's Waltham	Bishop's Waltham	Winchester Fareham	Winchester Fareham Gosport	Winchester	Winchester Fareham	Winchester Fareham	Winchester Fareham
Boarhunt	Southwick Wickham	Fareham	Fareham Gosport	Portsmouth	Fareham	Fareham	Fareham
Corhampton & Meonstoke	Meonstoke	Fareham	Petersfield Fareham Gosport	Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham
Curdridge	Waltham Chase	Fareham Eastleigh	Fareham Gosport	Winchester	Fareham	Fareham	Eastleigh
Denmead	Denmead	Cosham	Havant	Portsmouth	Havant	Havant	Havant
Droxford	Droxford	Fareham	Fareham Gosport	Portsmouth	Fareham	Fareham	Fareham
Durley	Durley	Eastleigh	Eastleigh	Winchester	Winchester	Winchester	Eastleigh
Exton	Meonstoke	Fareham	Petersfield Fareham Gosport	Winchester Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham
Hambledon	Hambledon	Cosham	Havant	Portsmouth	Havant	Havant	Havant
Shedfield	Waltham Chase	Fareham	Fareham Gosport	Winchester Portsmouth	Fareham	Fareham	Fareham
Soberton	Droxford	Fareham	Fareham Gosport	Portsmouth	Fareham	Fareham	Fareham
Southwick & Widley	Southwick	Fareham	Fareham Gosport	Portsmouth	Fareham	Fareham	Fareham Portchester
Swanmore	Swanmore	Fareham	Fareham Gosport	Winchester	Fareham	Fareham	Fareham
Upham	Bishop's Waltham Upham	Winchester	Winchester	Winchester	Winchester	Winchester	Eastleigh
Warnford West Meon	East Meon Meonstoke	Winchester	Petersfield	Winchester	Petersfield	Petersfield	Petersfield
Wickham	Wickham Titchfield Park Gate	Fareham	Fareham Gosport	Portsmouth	Fareham	Fareham	Fareham

HOSPITALS

General

There are no General Hospitals within the district, but the following hospitals are available:-

THE ROYAL SOUTH HANTS HOSPITAL, SOUTHAMPTON
(Telephone, Southampton 26211)

CHILDREN'S HOSPITAL, SOUTHAMPTON
(Telephone, Southampton 71012)

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER
(Telephone, Winchester 5151)

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH
(Telephone, Portsmouth 22281)

ST. MARY'S HOSPITAL, PORTSMOUTH
(Telephone, Portsmouth 22331)

Knowle Hospital (Wickham 2271), situated at Knowle in the Parish of Wickham is administered by the Regional Hospital Board, Portsmouth.

Infectious Diseases

There is no infectious diseases hospital in the district.

Any Infectious Diseases Hospital is available for the admission of cases occurring in the district. Patients are generally admitted to the Priors Dean Infectious Diseases Hospital, Milton Road, Portsmouth (Telephone, Portsmouth 22331) or to the Victoria Isolation Hospital, Morn Hill, Winchester (Telephone, Winchester 2048) or Southampton Chest Hospital, (Pavilion "A"), Oakley Road, Southampton (Telephone, Southampton 71042) which are under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute poliomyelitis to Lord Mayor Treloar Hospital, Alton. (Telephone, Alton 2811).

Sanatoria

Sanatoria for patients, suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Weyhill Hospital, Andover.

The Winchester Group Hospital Management Committee (Telephone, Winchester 5151) deals with requests for admission of these patients.

PREVENTIVE MEASURES

FOOD HYGIENE

It should constantly be borne in mind by all concerned in the handling, preparation and storage of food - particularly by those who work in canteens or who serve food to large numbers - that the utmost care must be taken to obviate the risk of food poisoning, which may occur even in the best equipped canteen.

Any food handler should report to his employer:

(1) Diarrhoea or vomiting.

(2) Septic cuts or sores, boils or whitlows.

(3) Discharges from the ear, eye or nose.

(4) Typhoid fever, paratyphoid fever or any other salmonella infection, dysentery or any staphyloccocal infection likely to cause food poisoning or being a "carrier" of any of these illnesses.

Customers have now become more clean food minded; and, if any uncleanliness is observed in food premises, they often complain to the management.

The hygiene standard of such shops and restaurants therefore lies to some extent in their hands.

A high standard of hygiene is a benefit to food traders, for it attracts business; and it is of course all in the interest of the general public to encourage safer practices.

The washing of hands immediately after using the toilet is absolutely essential for everybody, for toilet paper is porous; and, once contaminated, the hands will leave bacteria behind on everything they touch. "No Touch" technique should be practised by all food handlers.

Cakes, boiled sweets, cooked food and vulnerable foods should be handled by tongs or servers and not fingered by the hands, for they are never clean enough safely to handle food of this nature.

Vulnerable foods - which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream - are normally quite safe when prepared, but they act as ideal breeding grounds for any dangerous germs that gain access, and, if kept at warm termperatures, the germs will multiply very rapidly.

Made up meat dishes and other vulnerable foods provide a perfect medium for the growth and multiplication of bacteria.

The ordinary group of food poisoning organisms, (i.e. the Salmonellae) are killed by heating, but the fact that they occur in a product, which is going to be heat treated, is no absolute safeguard against any spread - as the infection is often carried from the raw material on the hands and utensils to some article of food in the same premises, which is either already cooked or not subject to heat treatment.

There is, however, another type of germ that is not killed by heat and does not even require the presence of air for it to produce its toxins if the temperature conditions are suitable and the intervals of time between the end of cooking and the consumption of food is sufficiently long.

This organisms is not uncommonly found in meat, so the sooner meat is eaten after cooking, the less likelihood there is for cases of food poisoning from this sourse of infection to occur. As this organism is fairly widespread in nature, methods of prevention must be concentrated far more on care over cooking and storage.

As a general rule, meat - whether as cuts or in pies or stews - should be thoroughly cooked and eaten hot; if this is impossible, it should be cooled rapidly within 1½ hours of cooking and refrigerated until required. In any event, there should be the shortest possible time between cooking and eating in order to limit the number of organisms; for it is only when the organism has been allowed to multiply that trouble will occur.

Meat, sliced after cooking in institutions, should be maintained either in the cold or at a temperature above 60°C.

For minces, meat should be minced when raw and eaten freshly cooked; stockpots are a hazard, and the same chopping board should not be used for both raw and cooked meat.

Pressure cooking must be considered one of the safest measures against the survival of spores.

Soups, stews, gravies, pies, pease-pudding, etc. provide even better conditions for the multiplication of the germs than solid meat. Gravy should never be re-heated; soup and stock, if re-heated, must be boiled.

A high standard of hygiene for food traders is best obtained by observing the following simple rules:

(1) Protection of food from all sources of contamination (dust and droplet infection as well as from flies, cockroaches, rats and mice).

(2) Personal cleanliness of "food non-handlers".

(3) Proper storage and display of food at safe temperature.

A recent report from the Public Health Laboratory Service on Food Poisoning in England and Wales, states: "Good hygiene and the exclusion from food handling of persons with septic lesions on the skin will not by themsleves ensure the safety of such frequently implicated food as brawn, pressed meats, ham and bacon, the additional measure is refrigeration."

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

Many outbreaks of bacterial food poisoning would never have occurred if the food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

Food should never be left in a warm humid kitchen to cool off slowly, nor in a warm oven where it has been cooked. A well ventilated larder can secure good and efficient cooling; and, as soon as it is cooled right through, it can be placed in a refrigerator.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

It is, therefore, most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

Food poisoning organisms will multiply and produce food poisoning only if food is kept under certain temperature and moisture conditions over a period of time.

The Chief Medical Officer to the Ministry of Health has stated:

"The remedy is largely in the hands of caterers. The general public can do little in the matter except by way of complaint, for they are not individually aware of what goes on in the kitchens of the establishments they patronise. Nowadays there is little excuse for unhygienic practice in the preparation and serving of food; The risks are well known and the simple methods by which they may be avoided are within the reach of all. That they are not practised is a direct reflection upon the managements responsible."

As a regular customer, the housewife can, however, influence traders by making it clear that she only chooses those who take special care to ensure the freshness and cleanliness and good storage of foods which they sell.

In this connection, the Health Department would be glad to receive complaints from the general public of unhygienic methods practised in any food shops. Regrettably, it has not been possible to carry out routine inspection of food premises in all parishes.

It is not generally appreciated that the germs which commonly cause food poisoning do not necessarily alter the smell, taste or appearance of the food. Protection of the family lies in personal hygiene, kitchen hygiene and the good management of the buying storing, cooking and cooling of the food.

HEALTH EDUCATION

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets.

Food Poisoning Statistics 1952 - 59
(from reports P.H.L.S.)

Year	General Outbreaks	Family Outbreaks	Sporadic Cases	Total Incidents
1952	372	340	2,807	3,519
1953	492	422	4,363	5,277
1954	506	630	4,880	6,016
1955	612	723	7,626	8,961
1956	563	616	6,534	7,713
1957	473	501	6,097	7,071
1958	285	601	6,414	7,300
1959	295	666	6,885	7,846

Unfortunately, the decrease in the number of general outbreaks, that has occurred during the past three years, was not maintained during 1959.

It will be noted in the above table that there were 7,846 food poisoning incidents - representing an increase of 7% over 1958. In fact, there was an increased incidence in all types of food poisoning; in general outbreaks (by 3%), family outbreaks (by 10%) and in sporadic outbreaks (by 7%).

This fact clearly indicates that more health education is needed; for much of this poisoning is preventable. Salmonella infections accounted for 64% of all incidents and egg products and meat are the main sources of Salmonellae in foods. If egg and egg products, meat and meat products, and feeding stuffs and fertilisers could be protected from contamination with salmonellae in the first place, or if all products likely to be contaminated with salmonella could be adequately heat-treated, the incidence of food poisoning would fall considerably. Research is still proceeding; and it is pointed out that animal feeding stuffs and fertilisers are not such important sources of human infection as are egg and meat products.

Whilst the latest food hygiene regulations may help to decrease food poisoning due to organisms other than salmonellae, there will be little difference in the general picture so long as the distribution of contaminated food stuffs is allowed to continue.

Authorities state there is no evidence to show that food poisoning organisms are present in the flora of newly caught fish or that fish suffer from salmonellae infections; but the situation is quite different with poultry or meat. Salmonellae are often present in the intestines of both diseased and healthy animals. The infection may easily be spread in slaughterhouses and food shops or kitchens by dogs, cats, rats, mice or even pigeons, as each of these species may carry the germ. But infection of beef and beef products appears to occur more frequently after slaughter and possibly after the meat has left the slaughterhouse.

"Prevention of salmonellae food poisoning depends on knowing more of the potential sources of contamination and is a long term problem; otherwise the remedies for the elimination of food poisoning are simple and can easily be applied."

Statistics show that people are spending more on food than ever before; and one of the causes of food poisoning in families might be partly due to changes in our food habits. Although the processed foods, deep frozen foods, etc., are prepared under excellent and hygienic conditions, like other foods, they can easily be contaminated and become a vehicle for food poisoning, if not properly handled and stored.

As proved before, most of the cases of food poisoning, in which it was possible to trace the food, have been due to processed and made-up meat dishes. In 1959, 82 per cent of the outbreaks, traced to specific foods, were associated with such processed or made-up meats or gravy as stews, reheated meat, meat pies and cold meat. The associated food was seldom identified in the small outbreaks of salmonella poisoning.

"For the present, the public should note that fresh meat and fish, cooked and eaten when hot, fresh vegetables and fruit and pasteurised milk and canned foods of all kinds are seldom implicated in food poisoning."

In order to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared several illustrated, coloured posters on the subject including the "For Health's Sake" series:-

Wash your hands.

Cover all cuts, sores and burns, before handling food.

Keep food covered from flies.

Keep cooking utensils clean.

Cool food quickly.

Keep the lid on dustbins.

These good posters and the counter-card with black fingerprints, that emphasises the warning "Please Don't Touch - hands leave germs" cover most of the essential points of good food handling and are a great asset when linked with routine inspection and supervision.

ACCIDENTS

ACCIDENTS IN THE HOME

More people are killed by accidents in the home than by accidents on the road, the fact is not really surprising since people spend more time in their houses; but it does mean that we must do everything we can to reduce home accidents.

Over 6,000 persons die annually in England and Wales as a result of accidents in their homes. Most fatalities result from four main causes - falls, poisoning, burns and scalds and suffocation, and of these, about 700 are due to burns and scalds.

More than four-fifths of the fatalities concern the young and the old, and as high a proportion as two-thirds involve infants under one year and elderly people of seventy-five and over who are prone to falls, gas poisoning and burns. The majority of home accidents are preventable.

Statistics about non-fatal accidents are not available, but it is estimated that each year not less than 50,000 persons need hospital treatment for burns and scalds caused by domestic accidents and that about 80% of the deaths, resulting from extensive burns, are due to clothing coming into contact with the heating element or flame of an unguarded or inadequately guarded coal, gas, electric or oil heating appliance. "Open" fires are responsible for more fatal accidents than any other type.

ACCIDENTS TO CHILDREN

Accidental deaths in childhood form a quarter of all deaths in this age group and account for more deaths than any single disease.

They must be attributed mainly to inadequate supervision; but carelessness, thoughtlessness, apathy and lack of knowledge of the adults in charge all play their part.

The greatest effort in prevention is needed against road accidents, burns and scalds and drowning.

Burns and Scalds

The Registrar General records that, during the year, 136 children aged 1-14 years lost their lives in their homes from this cause.

Deaths due to Burns and Scalds in England and Wales.
(From the Registrar General's Quarterly Returns)

	1960		1959	
	Male	Female	Male	Female
1st Quarter	11	34	17	18
2nd Quarter	19	23	29	39
3rd Quarter	5	10	8	11
4th Quarter	12	22	8	18
TOTAL	47	89	62	86

The Chief Medical Officer to the Ministry of Education reports:-

"Deaths in girls exceeded those in boys, and this is the only important category in which this reversal is found.

Although girls are more likely to be helping with cooking than boys, the most obvious cause is the difference in design and texture of girls' clothes. Day clothes are not so close-fitting, and the hem of a skirt can easily come into contact with an unguarded fire. The same can be said of night clothes as long as night dresses are preferred to pyjamas for girls.

Where the accident is not fatal, a child may sustain varying degrees of physical injury or of emotional damage and aesthetic defects may persist."

Scalds are a much lower death rate than burns, but the incidence nearly equals that of burns and the degree of disfigurement or disablement may be equally severe. They occur most commonly in children under five years of age, and the most serious accidents result from children falling into buckets or basins if hot water is placed on the floor. They may also be caused by children pulling over themselves vessels, saucepans or pans containing hot fluids or fat or by pulling the flexes of electric kettles.

Approximately two-thirds of the hospital admissions for scalds, sustained at home, occur in children under five years of age.

Preventive Measures

The majority of these burning and scalding accidents could be avoided, and, in spite of the publicity that has been given to the subject during recent years, the position has not MUCH improved.

While propaganda of all kinds plays a valuable part in prevention, it is the personal contact of doctors, nurses and social workers with the people in their homes that is likely to bring the most rewarding results.

(a) Efficient Fireguards

The most effective simple way of reducing the number of serious burning accidents is by the use of the properly designed and fixed fireguard of the British Standard Specification. It forms a protection from burning or falling into an open fire, by children tampering with one, or by clothing accidentally brushing against a fire.

(b) Safer Clothing

The most frequent cause of serious burns is clothing catching alight. The provision of fireguards for all types of fires and the choice of safer garments for women and children to wear will reduce these accidents. The flammable nature of nearly all fabrics currently in use makes the guarding of fires doubly important. Pyjamas are much safer than nightdresses, particularly for children. Full skirted party dresses and other loose flimsy garments also require special caution.

It is now possible to buy children's clothing made of flame-resistant material; you can also buy materials to make up yourself. It may be slightly more expensive, but surely it is worth spending about two shillings a yard more to prevent serious burns to young children.

(c) Prevention of Scalding Accidents

Although in some cases, scalding accidents may be precipitated by the shape, design and use made of the kitchen or by the form of domestic equipment, it is nevertheless clear that the majority of incidents are due to carelessness.

While the final responsibility for the prevention of burns and scalds in the home must rest with the householders, every authority, organisation and individual has something to contribute to the provision of safety in the home and it is only by the combined efforts of everyone that the incidence of burns and scalds can be reduced.

Drowning

During the year, 261 children lost their lives as a result of drowning.

Drowning can occur at home, but this is usually in infants in the first year of life, in the bath; it is quite a different problem from drowning outside the home.

Deaths due to Drowning in England and Wales 1960 & 1959

	1960		1959	
	Male	Female	Male	Female
1st Quarter	32	6	77	12
2nd Quarter	80	11	118	24
3rd Quarter	75	22	12	5
4th Quarter	27	8	21	3
TOTAL	214	47	228	44

The Chief Medical Officer of the Ministry of Education reports:-

"A child may drown as a result of entering deep water while bathing, when he is an inadequate swimmer; or from falling into deep water from dry land, when he had no intention of bathing; or through an accident whilst he is in or on the water; the methods of prevention are widely diverse. In the first group, proficiency of swimming and in learning to appreciate water hazards should reduce casualties. In places where currents are strong, or beaches shelve rapidly, the inadequate swimmer needs protection by warning notices.

On bathing-beaches, where conditions are occasionally dangerous and beach-guards are provided to warn bathers, school children will commonly respond as if they were under the care of a teacher of physical education. This safety measure is likely to be wasted, however, if adult bathers refuse to accept the advice of the beach-guard.

In the case of drowning, an accident is either fatal, or followed by complete physical recovery; and, in many instances, skilled first aid measures suffice."

ACCIDENTS IN OLD PEOPLE

The accident rate is high in old people. With increase in age, physical and mental deterioration may reduce the capacity to co-ordinate thought and action. Some old people become fatigued, forgetful or absent-minded, and these psychological features may be accompanied by

physiological changes, failing vision, impaired hearing and sense of smell, and muscular weakness and the infirm and the handicapped are liable to accidents through inexpert handling of heating and lighting appliances and inability to avoid obvious hazards. Falls account for nearly two thirds of fatal home accidents and three quarters of these fatalities affect people of seventy-five and over. The majority of the victims are women.

OLD PEOPLE'S WELFARE

In this District there are two Old People's Homes, under the control of the County Council, which provide accommodation for old people from all parts of the county - Kitnocks House, Curdridge (Telephone, Botley 2553) and Corhampton House, Corhampton (Telephone, Droxford 20).

I am indebted to Mr. F.J. Bryan Long, County Welfare Officer, for the following information on the County Council's Scheme for short stay accommodation in Old People's Homes, and for Boarding-out Elderly People in private households.

Provision of Short Stay Accommodation in Old People's Homes.

The Welfare Committee of the County Council operate a scheme whereby any places temporarily vacant in the County Homes for old people are made available to elderly persons to enable the relatives or friends with whom they live to take a holiday.

Such temporary vacancies arise when residents are in hospital or away on holiday and when a new resident needs time to clear up his affairs. Some use is also made of sick bays during the summer months when there is less demand for nursing care.

This scheme has enabled families to take a rest from giving constant attention to elderly relatives and has been of help also in times of illness and other domestic crises, when a younger relative or friend has been temporarily unable to care for an elderly person.

During the year, 113 old people were admitted to County Homes, and, in addition, 13 were admitted to Homes administered by Voluntary Organisations.

During the peak holiday months of July and August, a total of 55 persons were admitted to the County Homes under the scheme.

Accommodation under this scheme cannot be offered to old people needing regular medical and nursing care; generally they should be able to wash and dress themselves, get to the dining room for meals and attend to their own toilet.

Applications for short stay admission may be made either to the local Area Welfare Officer or direct to the County Welfare Officer at The Castle, Winchester.

Boarding-out Scheme for Elderly People*

The Welfare Department first began a "home finding" scheme in 1952.

No separate record is kept of the expenses involved in running this scheme and, indeed, it would be extremely difficult to compile such a record since arrangements are often made in the course of a day's journey when a number of other matters are dealt with in addition to this.

The National Assistance Board make a weekly grant sufficient to pay for board and to allow for 7s. 6d. to 10s. 6d. a week pocket money.

No average charge figure is available. Terms are negotiated separately in each case in the light of the standard of accommodation and services offered, the financial resources of the applicant and any other relevant factors.

The total number of officers at present involved is fourteen but none are fully occupied on this scheme.

Foster homes are found through Press advertisements and contacts through voluntary and statutory bodies.

Foster homes are found mainly on a short stay basis but considerable numbers of people are permanently boarded. Visiting is done by county Welfare Officers. Some old people often share a home with another. Alternative action to boarding out is considered when applications are made.

At present, one hundred and ten persons are boarded out under this scheme.

* "Boarding out Schemes for Elderly People" produced by the National Old People's Welfare Council.

NATIONAL ASSISTANCE ACT

Official action was taken in one case under Section 47 of the National Assistant Act, 1948, during the year in connection with the removal to hospital of persons "who are suffering from grave, chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and are unable to devote to themselves, and are not receiving from other persons, proper care and attention."

One potential case was investigated and kept under supervision.

The assistance given by the General Practitioners, the Welfare Officer, Public Health Inspectors and Health Visitors, is greatly appreciated in these difficult and distressing cases.

CHIROPODY SERVICE

Very good Chiropody services have been established for old people by the British Red Cross Society, the Hampshire Council for Social Service and the numerous local Old People's Welfare Committees.

The Minister of Health has suggested that, at this stage, priority should be given to the elderly, the physically handicapped and expectant mothers and that Local Health Authorities might wish to develop their Schemes by using existing voluntary services.

The Hampshire County Council will make grants to both the British Red Cross Society and the Hampshire Council for Social Service; and the latter will make small grants to the various Local Old People's Welfare Committees.

Further development of the Chiropody Service in relation to the physically handicapped and expectant mothers will be dealt with through the British Red Cross Society.

HOME HELP SERVICE

Applications for Home Helps should be made to the District Organiser, Home Help Office, Town Hall, Petersfield (Telephone, Petersfield 771, Extension 13).

INTERNATIONAL TRAVEL

Travellers from abroad, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding 21 days.

Passengers undertaking international travel must be in possession of certain vaccination certificates, depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

The International Sanitary Regulations, 1956, specify the following periods for the validity of international certificates of vaccination:-

Type of Vaccination	Validity (after date of vaccination or inoculations) Begins	Ends
Smallpox - primary vaccination	8 days	3 years
Smallpox - re-vaccination	At once	3 years
Cholera - primary vaccination	6 days	6 months
Cholera - re-vaccination within six months	At once	6 months
Yellow Fever - primary vaccination ...	10 days	6 years
Yellow Fever - re-vaccination within six years ...	At once	6 years

Smallpox vaccination within the previous three years is required before entry into many countries.

Yellow-fever inoculation during the preceding six years is required before entering or passing through regions of Central and South America or Africa, designated as "Yellow Fever Receptive Areas".

For travel into or through countries where cholera is endemic (India, Pakistan, Burma, etc.) immunisation against cholera within the preceding six months may be required. But the health authorities of some countries vary these periods and details of immunisation requirements can be obtained from the airline or steamship company concerned, or from the Consulates of the countries to be visited.

Persons who are required to be vaccinated or inoculated against more than one disease are advised to tell the doctor of all the vaccinations or inoculations needed as they may have to be done in a particular order with certain minimum intervals.

The vaccinations against smallpox and cholera must be recorded on the international certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation, authenticated and stamped at the office by the Health Department of the District.

The international certificate forms must be obtained by the traveller himself from the travel agency or Ministry of Health, except those for yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Health Centre, Kings Park Road, Southampton, on Wednesdays by appointment, (Telephone, Southampton 23788).

It may be advisable to immunise persons who intend to travel to regions with warm climates and to certain countries on the Continent of Europe against the enteric group of fevers.

For inoculations where no international certificate is required, an ordinary certificate by the doctor is sufficient.

SMALLPOX VACCINATION

The speed of air travel makes the task of preventing the imported case of smallpox particularly difficult; so the earliest possible detection of the disease is of the utmost importance in preventing the spread.

Outbreaks of smallpox in this country generally arise from the importation of the disease from abroad; smallpox may be introduced into this country in an insidious way as in 1957 through the entry of persons in apparent good health but in whom smallpox is incubating.

In such circumstances, the disease - modified by vaccination - has often gone unrecognised until it has appeared in classical form in others exposed to infection.

In England and Wales in 1959, the percentage of infants under the age of one year, who were vaccinated was 45% and the figure for 1960 was 41.3%. It is still far below what may be regarded as satisfactory. This low acceptance rate and the resulting lack of protection to the individual and the community is causing much concern; the aim should be to see that every healthy infant is vaccinated - not only because routine baby vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the extent of immunity against this disease is not sufficient to prevent an epidemic.

It is therefore important that primary vaccination should be carried out; it is far too frequently refused because parents are under the impression that it will harm their babies. If the <u>first vaccination</u> is put off until adolescence or later, there may be a slight risk; but it is believed that the risks attending primary vaccination are less in infancy than at any other age, and, since many persons will need to be vaccinated at some time, it is highly desirable that this should be done early in life, if only as an insurance against possible untoward effects of vaccination later on.

Smallpox is no longer endemic in Europe and the chance of the individual stay-at-home Englishman ever encountering it may be remote, but not everyone remains at home and vaccination is often a pre-requisite for travel or for entry into many countries, as well as an essential personal protection in those areas in which smallpox is endemic. It is necessary in certain types of employment within this country and obligatory for service with the Armed Forces.

So, the probability is that for one reason or another a substantial number of residents in this country will find it desirable to be vaccinated on some occasion during their lives.

The ideal time for the first vaccination is during the first six months of infancy - preferably about the third month.

The "acceptance" rates for infant vaccinations vary considerably in different parts of the country. In this district, the percentage of children under the age of one year, who were vaccinated, was 51.5%.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination carried out at school age, is practically trouble free; and this procedure, done as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chance of rapid spread of smallpox. So it is hardly surprising that the Ministry is now strongly urging that re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventative measures so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, two hundred and ninety vaccinations against smallpox were carried out:-

Vaccination	Pre-School Children	School Children	Over 15 years of age
Primary	186	4	5
Re-vaccination	4	20	71
TOTAL	190	24	76

DIPHTHERIA IMMUNISATION

The following information has been based on reports from the Ministry of Health and Registrar General and on pamphlets issued by the Central Council for Health Education.

England and Wales	1956	1957	1958	1959	1960
Cases...	53	37	80	102	53
Deaths	3	4	8	-	5

As will be noted from the above table, the incidence of diphtheria has risen for two years in succession, and the fall in 1960 would have been gratifying if there had not been a rise in mortality compared with the previous year when, for the first time, no deaths were attributed to diphtheria. It is hoped that the disappointing mortality figure does not reflect an oncoming wave.

For some years, attention has been drawn to the serious position that would arise if a high level of immunisation of children is not reached and, thereafter, maintained. Events during the past three years should have acted as a warning to those who felt that diphtheria was a thing of the past; but the facts remind us that this disease is still a "killer" and could again become a serious menace.

Before the nation wide Immunisation Campaign was started in 1943, the average incidence was 50,000 a year. The scheme quickly got under way and resulted in a steady drop in the number of cases until 1958. Although complete eradication of the disease from an area where cases occur endemically is not an easy matter, there is evidence that there are good prospects for maintaining freedom once it has been gained - <u>if only immunisation is generally accepted.</u>

Experience over the last few years has shown that in school communities, where immunisation rates are low, diphtheria infection, when once introduced, can gain momentum and lead to an outbreak. The need for early immunisation and for booster doses is therefore stressed.

A more complete protection in the under 5 age group would soon cause reduced incidence in the early school (5-9) age group and the disease might well be almost eliminated. Only if an adequate level of immunisation is maintained can diphtheria be driven altogether from this country.

The majority of parents nowadays have never known or heard of a case of diphtheria among local children and are more afraid of illnesses they know; but, if they leave their children unprotected they may gain knowledge of the disease from personal experience.

Complacency, resulting from what has already been achieved, or loss of interest in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return of high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease - except for the occasionally imported case.

Authorities recommend that all children should be immunised before their first birthday - and should receive a booster or reinforcing dose just before entering school, and again when they are about ten years old. If immunisation is carried out before the age of six months, an extra booster is advised at 15 to 18 months.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, moreover, of the utmost importance for parents to realise that active immunisation in the first year of life and reinforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

In this district, 64.9% of the children born during the year 1959 were immunised before they attained the age of one year. Children up to five years of age are the most susceptible; but all school children should be immunised.

During the year, four hundred and seventy six immunisations against diphtheria were carried out:-

Immunisation	Pre-School Children	School Children
Diphtheria - Primary	-	2
Diphtheria - Re-inforcing or "Booster"	-	44
Diphtheria/Whooping Cough Combined - Primary	-	-
Diphtheria/Whooping Cough Combined - "Booster"	-	1
Diphtheria/Tetanus - "Booster" ...	-	11
Triple - Primary	281	15
Triple - "Booster"	23	99
TOTAL	304	172

In this District immunisation of children is generally carried out by their own doctors.

WHOOPING COUGH IMMUNISATION

This Council was the first Council in Hampshire and, indeed, one of the first in the country, to adopt a Whooping-Cough Immunisation Scheme. The Council's Scheme for Whooping-Cough Immunisation by general practitioners was commenced in 1942.

At the beginning of 1955, the Hampshire County Council's Scheme for Whooping Cough Immunisation began operating throughout the whole of Hampshire.

The scheme includes combined immunisations against Whooping Cough and Diphtheria, and triple immunisation against Whooping Cough, Diphtheria and Tetanus; it also provides for immunisation against Whooping Cough alone under the age of five years.

The final report of the Whooping Cough Immunisation Committee of the Medical Research Council, designed to test the effectiveness of newer vaccines, confirmed that combined Diphtheria/Pertussis vaccine was as effective as the pertussis vaccine alone.

The Medical Research Committee concluded that pertussis vaccines, which come up to the required standard, will provide "substantial protection" against the disease.

In general, a reduction of about 10% in the uninoculated (or a 90% protection) may be expected.

But it will be appreciated that the problems of diagnosing an attack of Whooping Cough, much modified by immunisation, are already common and troublesome in general practice.

Combined Whooping Cough and Diphtheria immunisation with or without Tetanus is often preferred for the primary immunisation of young children, so as to reduce the total number of inoculations needed for immunisations against three infections.

Whooping Cough immunisation is generally advised early - at about the third or fourth month.

During the year, 419 immunisations against Whooping Cough were carried out, as shown by the table in the section on Diphtheria Immunisation.

POLIOMYELITIS VACCINATION

In May, 1956, the County Council's scheme for Poliomyelitis vaccination of children, born in the years 1947-54, began in selected areas of Hampshire. The age limit was extended in 1957 and in 1958; and by 1959, the age group for registration was raised to 26 and the vaccinations were carried out as supplies of vaccine became available.

In February, 1960, it was further extended to include persons up to the age of 40.

During the year, 2,150 vaccinations against Poliomyelitis were carried out.

Vaccination	Pre-School Children	5-15 Years	15-40 Years
Primary	201	25	446
Booster	246	256	976
TOTAL	447	281	1422

The success of this scheme is due not only to the general practitioners, who have given practically all the inoculations, but also to the parents who have so wisely seized the golden opportunity.

PERSONAL PRECAUTIONS AGAINST POLIOMYELITIS

The World Health Organisation has issued six points for the personal protection of the public against Poliomyelitis.

The six rules for the individual to observe are as follows:

(1) Wash hands frequently, especially before eating

(2) Protect food from flies; thoroughly wash uncooked food, such as fruit and vegetables.

(3) Avoid intimate association, such as shaking hands with families in which poliomyelitis has occurred within three weeks

(4) Treat feverish illnesses with caution; bed rest, or at least avoiding over-exertion for a week is advisable

(5) Avoid over-exertion

(6) Avoid unnecessary travel to and from communities where the disease is prevalent.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Particulars of the cases of Infectious Diseases, which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table:-

Diseases	Total Cases Notified	Rate per 1,000 of the Population	
		Droxford R.D.	England & Wales
Dysentery....	20	0.9	0.97
Measles	8	0.37	20.04
Scarlet Fever	2	0.09	0.70
Whooping Cough....	9	0.41	1.14
Food Poisoning....	4	0.18	0.19

An analysis of the total notified cases according to age groups is given below:

Age Group	Dysentery	Measles	Scarlet Fever	Whooping Cough	Food Poisoning
Under 1 year	-	-	-	-	-
1 - 2 years	1	-	-	-	-
2 - 3 "	3	-	-	1	-
3 - 4 "	-	1	1	1	-
4 - 5 "	-	-	-	1	-
5 - 10 "	4	4	-	6	-
10 - 15 "	2	2	-	-	2
15 - 20 "	-	1	1	-	-
20 - 35 "	3	-	-	-	-
35 - 45 "	7	-	-	-	-
45 - 65 "	-	-	-	-	2
Over 65 "	-	-	-	-	-
TOTALS ...	20	8	2	9	4

The following table shows the number of infectious diseases notified during the year, and the parishes in which they occurred:

Age Group	Dysentery	Measles	Scarlet Fever	Whooping Cough	Food Poisoning
Bishop's Waltham... ...	5	4	-	-	-
Boarhunt...	-	-	-	-	4
Corhampton and Meonstoke	-	-	-	-	-
Curdridge	-	-	-	-	-
Denmead	1	2	2	2	-
Droxford	3	-	-	-	-
Durley	1	-	-	-	-
Exton	-	-	-	-	-
Hambledon	-	-	-	3	-
Shedfield	-	1	-	-	-
Soberton...	-	-	-	-	-
Southwick and Widley...	-	-	-	-	-
Swanmore	1	-	-	-	-
Upham	-	-	-	-	-
Warnford	-	-	-	-	-
West Meon	-	-	-	-	-
Wickham	9	1	-	4	-
TOTALS	20	8	2	9	4

TUBERCULOSIS

At the end of the year, the total number of cases on the register was 237.

The following table gives the number of cases of Tuberculosis registered in the district at the beginning and end of 1960:-

	Respiratory			Non-Respiratory		
	M.	F.	Total	M.	F.	Total
Number on Register at beginning of the year (1960)	110	71	181	30	34	64
New additions to the register during the year	7	7	14	1	1	2
Removals from the Register during the year	11	6	17	5	2	7
Number on Register at end of the year	106	72	178	26	33	59

Analysis of new cases and deaths according to age groups:

Age Period	New Cases				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
0 - 1	-	-	-	-	-	-	-	-
1 - 5	-	-	-	-	-	-	-	-
5 - 15	-	-	1	-	-	-	-	-
15 - 25	-	2	-	-	-	-	-	-
25 - 35	1	2	-	-	-	-	-	-
35 - 45	1	1	-	-	-	-	-	-
45 - 55	1	1	-	-	-	-	-	-
55 - 65	3	1	-	-	-	-	-	-
65 and over ...	1	-	-	1	1	1	-	-
TOTALS	7	7	1	1	1	1	-	-

MASS RADIOGRAPHY SURVEY

In April, 1960, the Southampton Mobile X-ray Unit visited six Villages in this district. 958 persons attended and the results were very satisfactory.

SCABIES

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection; and all members of the same family should present themselves for treatment simultaneously - whether or not they complain of "The Itch" and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

PEDICULOSIS

Where necessary, cases of Pediculosis (head lice) may be referred for treatment, by special appointment, at any of the following centres:

Fareham
Eastleigh
Petersfield

whichever is the most convenient.

Pediculosis should also be regarded as a family infection; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the family would receive immediate treatment and that there would be no further spread of infection to others.

THE REPORT OF THE SURVEYOR AND CHIEF PUBLIC HEALTH INSPECTOR

SANITARY CONDITIONS OF THE AREA

Water Supply

Piped supplies throughout the District are provided by the Portsmouth and Gosport Water Company, the Southampton Corporation and two private estates. A small extension was carried out by the Portsmouth and Gosport Water Company to serve properties on the Droxford - Hambledon Road.

Drainage and Sewerage

Bishop's Waltham

Work on this Scheme commenced on 1st May, 1960. The estimated period for completion is two years and satisfactory progress had been made by the end of the year.

Wickham

At the end of the year this Scheme was ready for submission to the Ministry of Housing and Local Government.

Public Cleansing

The cesspool emptying scheme, which allows for four free emptyings per year, continues in operation, as does the collection of night soil and household refuse.

Work on cesspool emptying continues to increase and this year it became necessary to obtain assistance from a private firm who removed 463½ loads from 274 pits.

The following summary gives particulars of work carried out by Council vehicles during the year under review:-

Dustbin Emptyings	Cesspool Emptyings	Cesspool Loads	E.C. Emptyings
282,268	5,924	12,118	143,358

Household refuse is collected by direct labour fortnightly throughout the district with the exception of Bishop's Waltham, Shedfield and Wickham, where collections are weekly.

Salvage

The total receipts were £2,076. 16s. 7d. showing an increase on the previous year.

In November an electric baling press was purchased to increase the efficiency of the salvage service.

The following amounts of salvageable materials were collected:

	Tons	Cwts.	Qtrs.	Lbs.
Waste Paper	234	12	1	25
Steel and Iron	9	2	-	22
Mixed Metals	1	3	1	23
Rags and Woollens	7	5	3	16

Bottles .....560 gross
Tyres .....142 (in number)

Comparative figures of waste paper collection are set out below:

	1958	1959	1960
Weight-	169 tons, 4 cwts. - qtrs. 23 lbs.	192 tons, - cwts. 1 qtr. 23 lbs.	234 tons, 12 cwts. 1 qtr. 25 lbs.
Receipts-	£1,236. 10s. 3d.	£1,230. 15s. 5d.	£1,494. 17s. 0d.

HOUSING STATISTICS (Public Health)

Inspection of Dwelling-houses during the year:

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 24

(b) Number of inspections made for the purpose... 170

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 15

(b) Number of inspections made for the purpose... 137

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation 15

(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation ... ... Nil

Remedy of Defects during the year without service of Formal Notices:

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 10

Action under Statutory Powers during the year:

(a) Proceedings under Section 9, 10 and 16 of the Housing Act, 1957:-

(1) Number of dwelling-houses in respect of which Notices were served requiring repairs ... Nil

(2) Number of dwelling-houses which were rendered fit after service of formal notices:

(a) By Owners ... ... Nil

(b) By Local Authority in default of owners Nil

(b) Proceedings under Public Health Acts:-

(1) Number of dwellings in respect of which Notices were served requiring default to be remedied 12

(2) Number of dwelling-houses in which defaults were remedied after service of formal notices:

(a) By Owners 6

(b) By Local Authority in default of owners Nil

Action under Statutory Powers during the year: (Continued)

(c) Proceedings under Section 16 (4), 17 (1) and 24 Housing Act, 1957:-

(1) Number of dwelling-houses in respect of which Demolition Orders were made 12

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders 13

(3) Undertakings given ... ... Nil

Overcrowding

Statutory overcrowding does exist in a minor degree within the area, but, under existing circumstances, no direct action is taken; cases are referred to the appropriate Committee for consideration when allocating new houses.

Housing Act, 1949

Housing Repairs and Rents Act, 1954

Rent Act, 1957

Rents Act inspections 7

Improvement Grant inspections 296

New Houses and Buildings

Comparative figures are given for the last nine years:

Number of Plans approved by the Council:

Type of Plan	1952	1953	1954	1955	1956	1957	1958	1959	1960
Houses	51	58	146	112	148	119	137	210	149
Additions and Alterations	46	52	56	81	52	49	43	32	77
Conversions and Adaptations	10	9	6	11	6	5	5	9	11
Garages	41	44	44	101	60	81	87	241	196
Bathrooms and Drainage Installations	49	72	61	100	80	108	71	138	128
Farm Buildings	22	22	17	2	1	8	5	8	15
Sheds and Stores	12	15	6	13	9	3	5	7	12
Shops, Halls, Offices, etc.	-	-	-	3	11	4	15	9	14

The number of new units of housing erected by private enterprise or provided by the Local Authority over the same period was:

By whom erected or provided	1952	1953	1954	1955	1956	1957	1958	1959	1960
By Private Enterprise	37	37	47	90	108	115	87	127	151
By Local Authority-									
(a) Houses	46	56	72	61	31	35	27	35	41
(b) Hutments	-	10	-	-	-	-	-	-	-

Housing (Financial Provisions) Act, 1958

House Purchase and Housing Act, 1959

During the year 24 applications for standard grants were received.

The following table gives the comparative figures for the number of Discretionary grant applications and the amount of grants approved for each year:

Year	No. of Applications Approved	New Units of Housing Provided	No. of houses improved	Owner Occupiers	Tenanted	Total Amounts approved
						£
1952	4	-	7	2	5	508
1953	2	-	3	-	3	317
1954	14	-	17	5	12	4225
1955	48	4	65	23	46	16210
1956	55	1	60	27	34	16132
1957	60	2	72	32	42	18623
1958	33	2	34	18	18	6325
1959	74	-	82	50	32	18648
1960	69	2	74	37	39	18960
TOTALS	359	11	414	194	231	99948

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Under the Milk (Special Designations)(Specified Areas)(No. 2) Order, 1954, all milk sold by retail within the Droxford Rural District must be either Tuberculin Tested or Pasteurised.

On the 1st October, 1960 new Regulations came into operation which consolidate and amend the previous ones. A dealers' licence is now to be issued for a five year period. Supplementary licences are discontinued and a new type of licence, dealers' (pre-packed) milk, is introduced. The licensing authority becomes the Food and Drugs authority but the Hampshire County Council have delegated to this Council their duties in this connection.

Licences issued under the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949-1953:

Dealers' Licences to use the designation "Pasteurised" 5

Supplementary Licences to use the designation "Pasteurised" 10

Supplementary Licences to use the designation "Sterilised" 4

Licences issued under the Milk (Special Designation)(Raw Milk) Regulations, 1949-1954:

Dealers' Licences to use the designation "Tuberculin Tested"	6
Supplementary Licences to use the designation "Tuberculin Tested"	10

Food Hygiene Regulations, 1960

Alterations have been made to several food premises and the opportunity has been taken to bring them up to the required standard.

Meat Inspection

Since the establishment of the Wessex Slaughterhouses Board, all meat inspection for this area is done at the Funtley Abbatoir, Fareham, except the inspection of pigs slaughtered at Knowle Mental Hospital for consumption on Crown Property. This slaughterhouse is exempt from licensing.

There remains one knackers' yard in the district, which is licensed by the Wessex Slaughterhouses Board on receipt of recommendation from this Authority.

Food Adulteration

This section of the Food and Drugs Act, 1955, is operated by the County Council.

Details of the samples taken under the Food and Drugs Act, 1955, during the year ended 31st December, 1960:

Article	Number taken	
	Genuine	Unsatisfactory
Preserves	1	-
Cream	1	-
Meat products	8	1
Spirits	14	-
Milk	42	-
Milk, Channel Islands ...	15	-
Other Foods	4	1
Drugs	2	-
TOTAL	87	2

The unsatisfactory samples were a loaf of bread containing a small piece of iron and pork sausages slightly deficient in meat. Both matters were taken up with the persons responsible but it was not considered necessary to institute legal proceedings.

RODENT CONTROL

Work on this was maintained throughout the year and block control was carried out - no new major infestations were found. The following tables give an analysis of the prevalence and control of rats and mice within the district for the twelve months ending 31st March, 1961:-

1. PREVALENCE OF RATS AND MICE

TYPE OF PROPERTY	(i) Total	(ii) Number of properties in Local Authority's area: In which infestation was: Notified by Occupier	(iii) Otherwise discovered	(iv) Recorded total of (ii) and (iii)	(v) Analysis of Column iv.: Number infested by: Rats: Major	(vi) Rats: Minor	(vii) Mice only
Local Authority's Property (not including houses)	12	...	4	4	...	4	...
Dwelling Houses	6037	131	273	404	...	404	...
Business Premises	587	4	5	9	...	9	...
Agricultural Property	550	...	1	1	...	1	...
TOTAL	7186	135	283	418	...	418	...

2. MEASURES OF CONTROL BY LOCAL AUTHORITY

TYPE OF PROPERTY	No. of properties inspected	No. of inspections made	Number of notices served under Section 4		Number of Treatments carried out				Block treatments of properties in different occupancies under Section 6 (1) or by informal arrangement		
					By arrangement with occupier		Under Section 8 (1)				
			Treatments	Works	Rats	Mice only	Rats	Mice only	Number of blocks	Surface: Number of separate occupancies	Associated sewers: Number of manholes treated
Local Authority's Property	12	51	...	...	36	...	...	...	...	...	...
Dwelling Houses	3758	3801	...	...	...	...	...	...	51	3758	...
Business Premises	54	86	...	...	9	...	...	...	...	...	...
Agricultural Property	41	63	...	...	...	...	...	...	...	...	...
TOTAL	3865	4001	...	...	45	...	...	...	51	3758	...

SUMMARY OF INSPECTIONS MADE

AND NOTICES SERVED

BUILDING INSPECTIONS

Foundations	240
Concrete over site	191
Damp Proof Courses	196
Intermediate	869
Drains Tested	428
Final Inspections	312
Building Inquiries Inspections	34
Short-Lived Materials Section 53	1
Council House Inspections	-
Town Planning Inspections	5

PUBLIC HEALTH ACT, 1936

Drains and Sewer Ditches controlled by the Council	21
Blocked and Insanitary Drains and Cesspools	234
Defective and Insanitary Closet Accommodation	1
Dangerous Buildings	-
Refuse Tips	-
Filthy and Verminous Premises	-
Verminous Persons (Visits)	21
Disinfestations	66
Nuisances (other than Houses) Section 92	-
Re-inspections for the purpose	1
Water Supply	21
Infectious Diseases (visits)	297
Disinfections	-
Moveable Dwellings, Section 269	76
Other Inspections	647

FOOD AND DRUGS ACT, 1955

Carcases Inspected	32
Inspections, other Foods	9
Food Premises, Section 13	60
Milk Distribution	-

FACTORIES ACT, 1937

Power Factories	1
Non-Power Factories	-
Out Workers	-

PETROLEUM REGULATIONS

Inspections	33

MISCELLANEOUS

Rodent Control (by Public Health Inspector)	1
Housing Applications	22
Other Visits	207

SAMPLES TAKEN

Water	22
Milk	6

FACTORIES ACT, 1937

Part 1 of the Act

1. Inspections for the purpose as to health.

Premises	Number on Register	Inspections	Number of written notices
Factories with mechanical power	59	1	-
Factories without mechanical power	2	-	-
Other premises under the Act (including works of building and engineering construction, but not including outworkers premises)	-	-	-
TOTALS	61	1	-